



## Donation Form

*I want to make our Library the best.*

NAME

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ADDRESS

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TELEPHONE

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**My donation is:**

- \$1,000    \$500    \$250    \$100  
 \$50    Other: \$ \_\_\_\_\_

**Please make cheques payable to:**

**West Vancouver Memorial Library Foundation**

**OR Please charge my**

- Visa    M/C    AMEX

NAME ON CARD

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CARD NO.

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EXPIRY DATE

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SIGNATURE

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- YES, I would like a tax receipt (Donations over \$10.)  
 I WISH to have my name appear on the Donor Board in the Library  
 I DO NOT WISH to have my name appear on the Donor Board in the Library